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## **Shaking the stigma: We need a proactive COVID-19 response for mental health and addiction**

Mental health and addictions associations have been sounding the alarm that this sector could follow long term care as the next hot spot during the crisis. Across the sector, there are more than 20,000 beds with many in congregate living – a key nexus for COVID19. Due to staff shortages, the impact of an outbreak could lead, sadly, to highly vulnerable children, youth and adults, many with compromised immune systems, left with inadequate care. Some will have no other place to go but hospital.

One must wonder if there is stigma around mental health and addictions in the Ministry of Health. Dr Thomas Ungar, a noted psychiatrist, has written extensively about the stigma that is present within hospitals. There has been a notable lag and in some cases absence of measures for mental health and addiction. [Guidance documents](#) from the Ministry of Health were only just posted on Monday for community mental health and addictions – more than four weeks after other sectors such as primary care, long-term care, home and community care, community pharmacy and acute care.

Hospitals, long-term care, developmental services, women's shelters, LHIN staff, all have received emergency orders for the redevelopment of staff from non-essential to essential, and rightly so. However, emergency orders for the redeployment of staff from non-essential to essential services in the mental health and addictions sector have been delayed. So far no orders to protect vulnerable people in congregate living have come, despite almost four weeks of providing evidence and undertaking strong advocacy.

And, finally the Ministry of Health announced \$12M of COVID19 funding with \$6.5M to go to community mental health and addictions agencies. This works out to a paltry \$380 per bed. Not enough to support even a days worth of PPE. Compare this to the [\\$25M announced last week in Alberta](#) – if adjusted to the size of Ontario's health care system, that would represent a \$75M investment, over 10 times that was made in Ontario. Remember too that this government pledged \$1.9 B (matched to the federal \$1.9 B) to expand community mental health and addictions services as part of their platform... and the provincially matched funding has yet to flow.

Children and youth with very serious mental health issues, often those who have been “formed” as a risk to themselves or others, await support from the government. While children are unlikely to become very ill from the virus, workers may not feel safe without adequate safeguards in place. We have recent examples of this risk playing out in long-term care and in the developmental services sector. Long standing systemic issues play a significant role in that there are insufficient clinical staff in live-in treatment centres for children and youth, including nurses. Only a few facilities have nurses on staff – a result of chronic underfunding. The new funds, if they are ever invested, must be targeted to adding clinical staff. The heroic workers now caring for children, have little training or practice in infection control and the use of PPE – and of course, they have little PPE.

In addition treatment facilities and supportive housing, the issues are the same. Years of chronic under-funding means that there are few nurses and outdated infrastructure. Staffing will only be more limited due to the necessary measures taken in the long-term care and retirement home sectors to limit staff to one site. The clients that we serve are also complex. People with mental illness and addiction are more likely to die prematurely than the general population: according to research, mental illness can cut 10 to 20 years from a person’s life expectancy. Many clients that providers are serving have compromised immune systems due to HIV/AIDS, Hepatitis C, liver disease, chronic heart disease, obesity and diabetes. These are statistics and factors that should make system leaders, public health experts and practitioners and decision makers pay attention and get proactive.

Experts are united in their belief that demand will soar for mental health and addictions services post pandemic. Healthcare workers’ trauma and for some, PTSD, will require long term support from therapists to ensure that they will recover from their experiences. Alcohol use is increasing and the resultant rise in problematic substance use and dependence will call on an already over-stretched system. We still don’t know the impact that COVID-19 has or will continue to have in another crisis facing our sector – that of opioid and other overdoses. The stresses on families from the economic shutdown and isolation will put negative pressure on families, and children and youth will suffer. Sadly for some, home is not a safe place. And for those Ontarians and families with low income and precarious housing – disproportionately racialized and Indigenous Ontarians – the impacts will be even more profound.

Crisis lines across the province are already seeing surges. The 211 service in Toronto saw a 90% increase in call volume related to mental health over the holiday long weekend. ConnexOntario, the province’s central access for mental health, addictions and problem gambling services has seen a 20% increase in calls related to anxiety. Kids Help Phone has seen text volumes from youth increase 350 per cent.

There were long wait times before the pandemic. CMHO reported 28,000 kids waiting sometimes up to two years for services. The federal government pledged \$1.9B and the province committed to matching that for a total of \$3.8B over ten years. That investment needs to flow now to ensure that services are there for all Ontarians when they need them.

The government needs to demonstrate its support of Ontarian’s mental wellness by taking action now to ensure essential mental health and addictions services can continue through the pandemic, and to build capacity and expand services so we can be ready for the post-pandemic wave of mental health and addictions challenges. There is still time to get ahead of this curve, but we need action now.